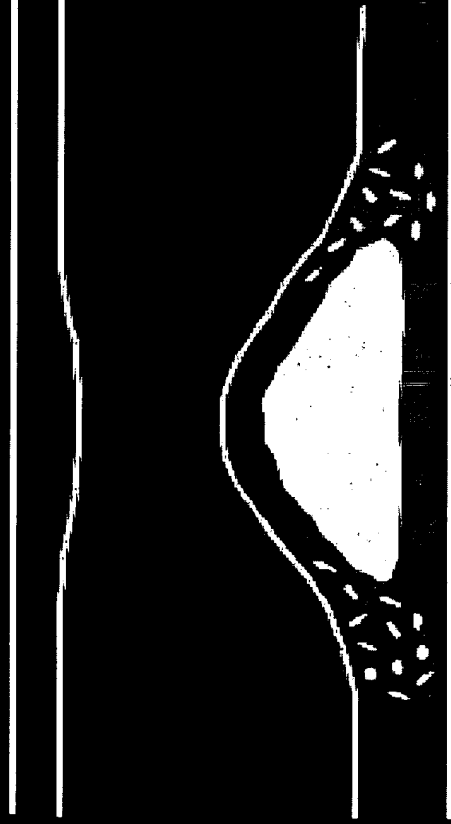


# **Vulnerable Plaque Characterization Using Temporal and Spatial Speckle Analysis**

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# Vulnerable Plaques

Vulnerable Plaque



Thin

Abundant

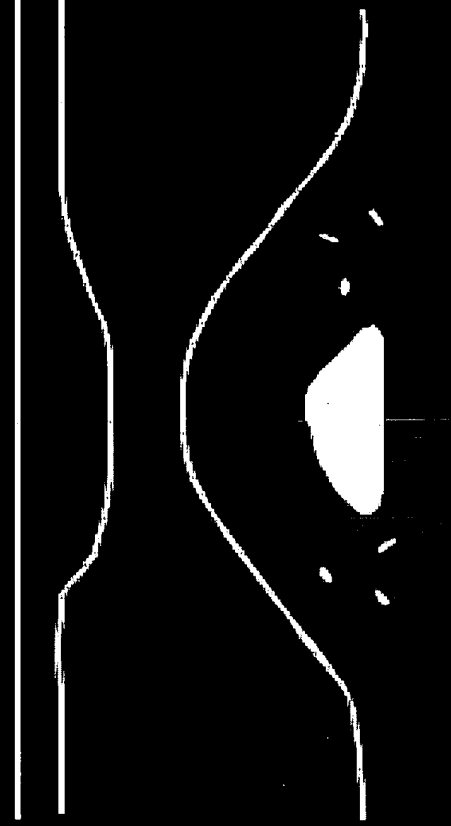
High

Cap

Macrophages

Lipid Conc.

Stable Plaque



Thick

Few

Low

# Vulnerable Plaque Diagnosis

## Proposed Diagnostics

- Infrared
  - Indirectly measures lipid content of plaque
- Fluorescence
  - Measures autofluorescence
    - Collagen
    - MMP
- IVUS
  - Structural measurement of cap
  - Poor resolution
- OCT
  - Structural measurement of cap
  - Sufficient resolution for measurement of cap thickness

**Proposed methods do not measure the biomechanical properties of plaque**

# Intrinsic Plaque Biomechanics

## Biomechanical properties

- Cap strength
  - Proportional to thickness and structural integrity
- Lipid pool
  - Shear stress and strain on cap are related to lipid pool stiffness
  - Rupture of plaque tends to occur in areas of large stiffness gradient between cap and lipid pool
  - Lipid lowering drugs increase stiffness of lipid pool
  - Stiffening of the lipid pool decreases vulnerability

**Mechanical stiffness of the cap and lipid pool are essential parameters for assessing the likelihood of plaque rupture**

# Viscosity

## **Viscosity of tissue is proportional to stiffness**

- Related to the ability of the molecules in the tissue matrix to move

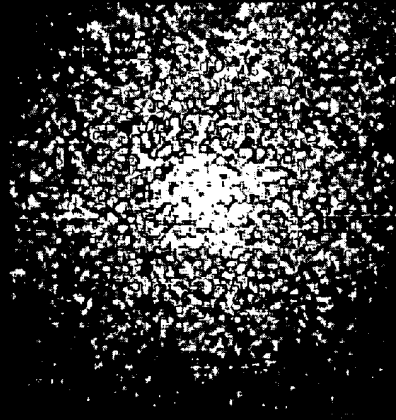
## **Brownian motion**

- Random motion of particles in the matrix
- Brownian motion is inversely proportional to viscosity and stiffness
  - Low stiffness, rapid Brownian motion
  - High stiffness, slow Brownian motion

## **Brownian motion velocity is a measurement of tissue stiffness**

# Speckle

Coherent interference of light remitted from a scattering media or substrate



- Produces a grainy pattern at the surface of the specimen and in the image plane
- The pattern is created from the remitted field after many multiple scattering events within the specimen
- Motion of a single scatterer in the specimen changes the speckle pattern

# Speckle Motion

## **Motion of a single scatterer in the specimen changes the speckle pattern**

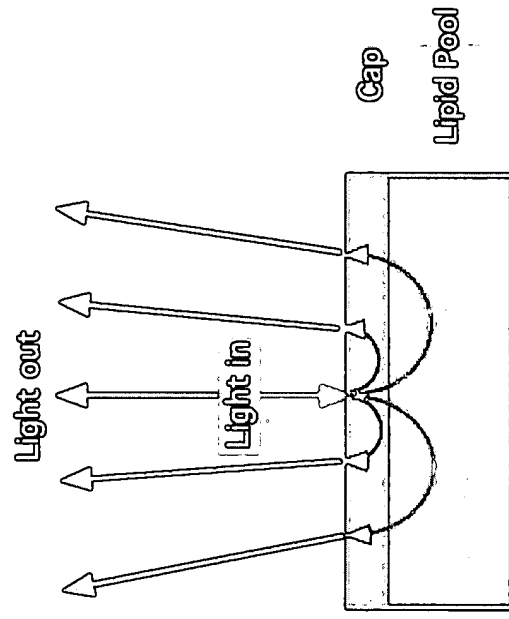
- The time dependent speckle pattern can be used to determine the Brownian motion within a multiply scattering media
- The motion is characterized by the spatial decorrelation of the speckle pattern as a function of time
- For Brownian motion, the decorrelation is a negative exponential with a time constant,  $\tau$

## **Stiffness of the cap and lipid pool can be determined by measuring the speckle decorrelation time constant**

# Light Diffusion

In tissue, light remitted further from the beam entry point has probed deeper into the tissue

- Governed by the optical properties of tissue

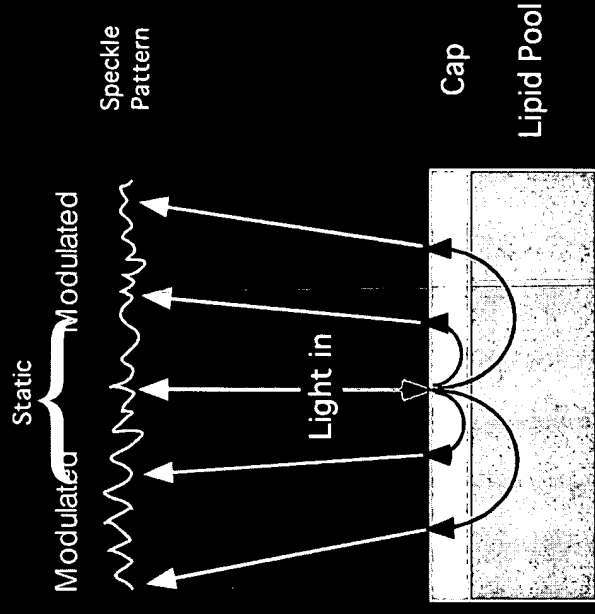




# Spatial and Temporal Characterization of Plaques

Measuring the speckle decorrelation time,  $\tau$ , as a function of distance from beam entry point allows measurement of Brownian Motion and

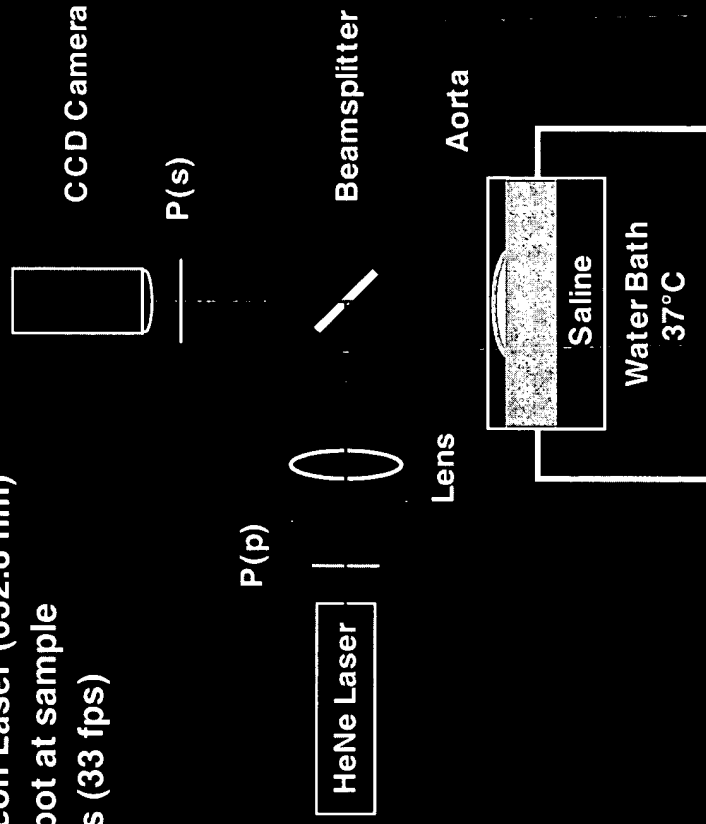
- Cap thickness
- Cap stiffness
- Lipid pool stiffness



# Proof of Principle

## Methods

- Cadaveric aortas
- Normal saline, 37°C
- Helium Neon Laser (632.8 nm)
- 100  $\mu\text{m}$  spot at sample
- 2 seconds (33 fps)

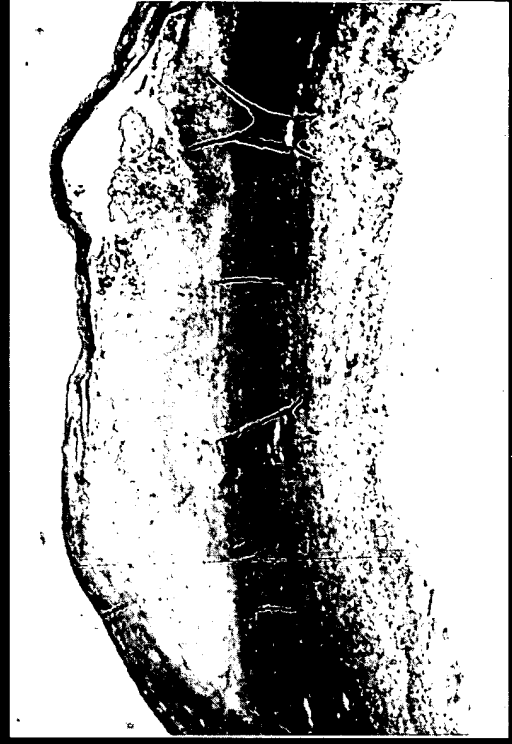
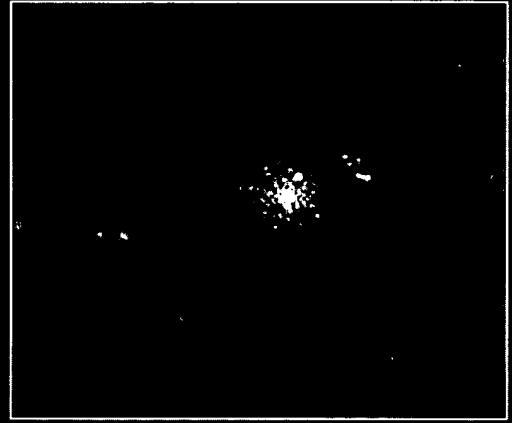
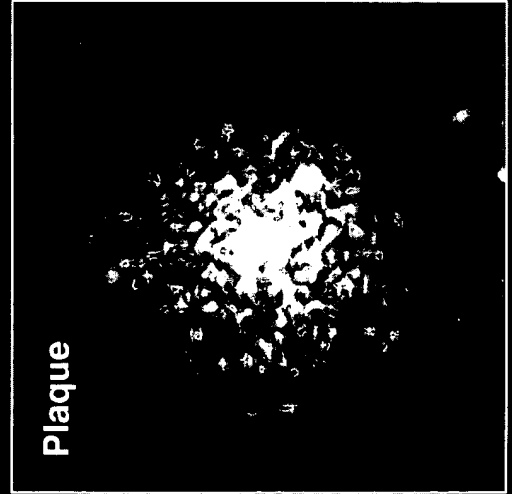
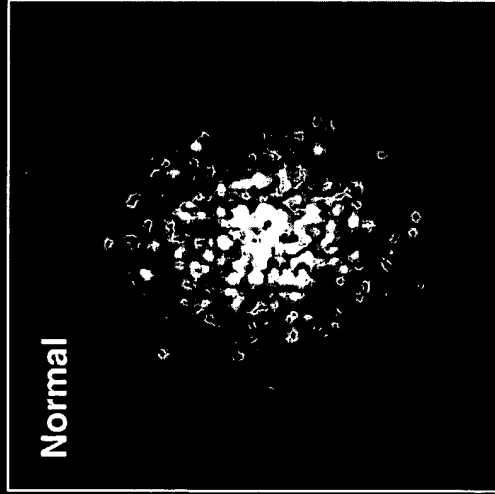


# Results

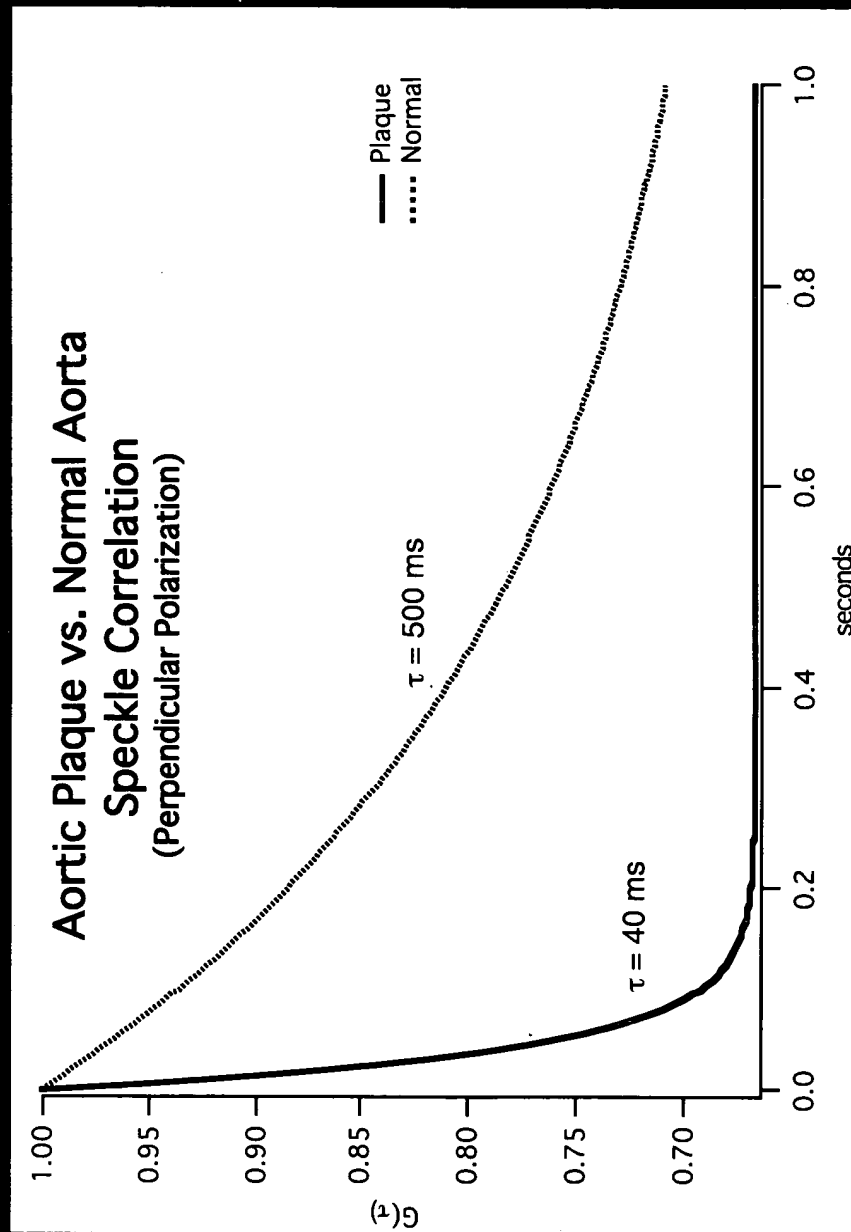
Speckle

Visible

Histology



# Results



# Results

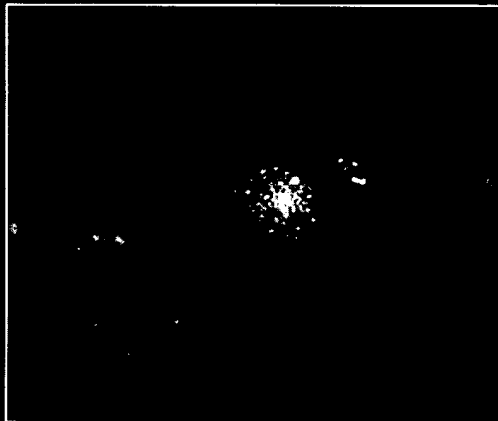
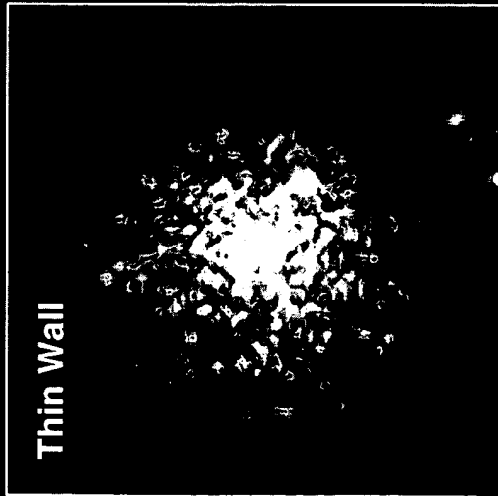
(Aortic Plaques)

Speckle

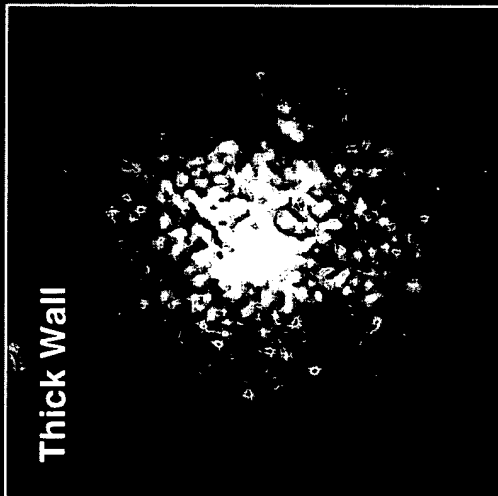
Visible

Histology

Thin Wall



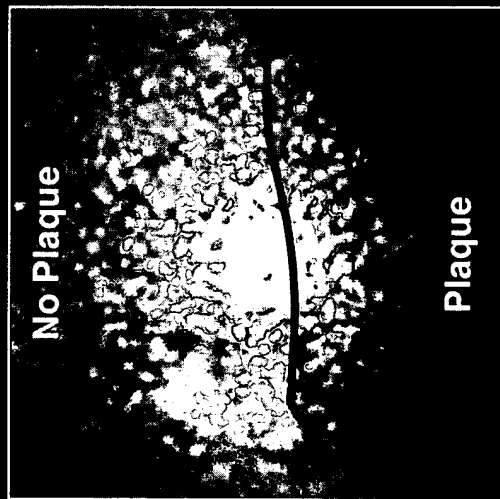
Thick Wall



# Results

(Spatial Localization)

Optical



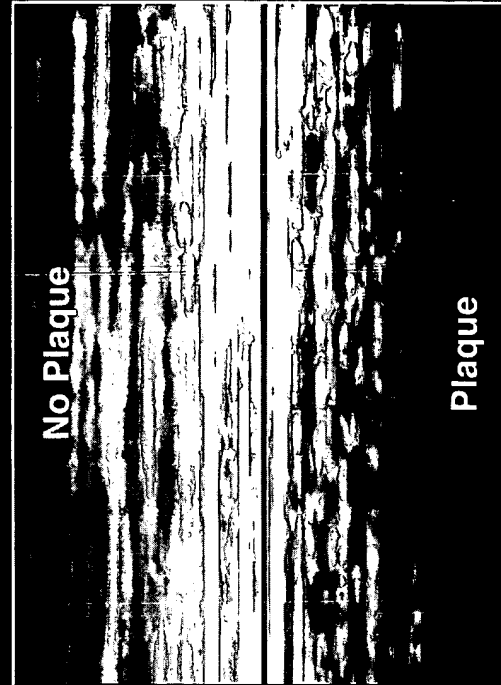
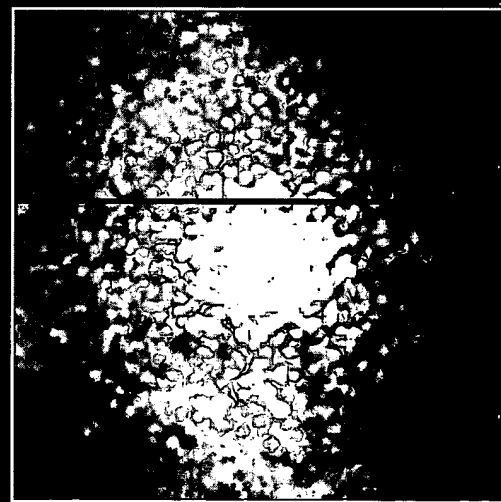
Visible



Histology



← y



← y

time (s)

0

2

# Feasibility Study Summary

**Speckle decorrelation time constant is different between normal aorta and plaque**

- $\tau = 500$  ms vs 40 ms

**Speckle decorrelation time constant is different between thin and thick-walled plaques**

- Greater for thick-walled plaques

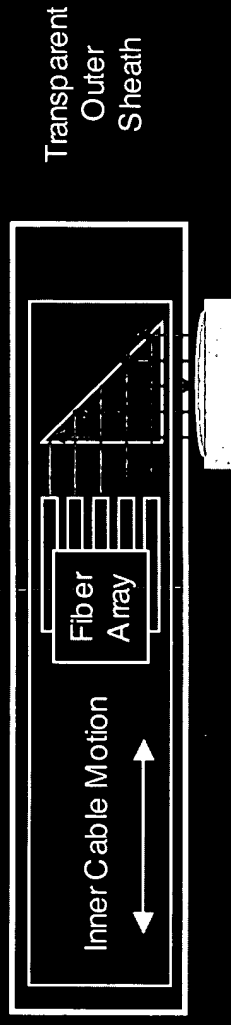
**Speckle decorrelation is spatially dependent**

- Border between plaque and normal aorta demarcates different speckle decorrelation time constants

# Clinical Realization

## Catheter based technique (one possibility)

- Array of fibers
- Scanned probe



## Difficulties

- Intrinsic heart and catheter motion
  - Lipid pool Brownian motion time constant is approximately 40 ms
- Blood
  - Will need saline infusion and/or direct contact with tissue



# Alternative Methods

## (Spatial Localization)

Localize time and space ( $x, y, z$ ) dependent speckle patterns using optical methods as opposed to light diffusion

- Confocal microscopy
  - Apertures in the source and detector planes combined with a high numerical aperture imaging lens
  - High resolution speckle analysis in ( $x, y, z$ )
  - Speckle decorrelation is less sensitive than multiple scattering technique
- Optical Coherence Tomography (OCT)
  - Uses low coherence interferometry to obtain localization in  $z$
  - Measures cap thickness directly
  - Speckle decorrelation is less sensitive than multiple scattering technique

# Conclusion

**Temporal and spatial analysis of the speckle patterns can potentially determine**

- Cap thickness
- Cap and plaque viscosity
- Spatially resolved biomechanical stiffness
- Plaque vulnerability

## Future work

- Speckle statistics
  - Can determine cap thickness and optical properties
  - Low coherence light
- Strain and stress measurements
  - Correlate biomechanical properties with Brownian motion measured by speckle decorrelation
- Probe development
- Continue cadaveric aorta studies
- In vivo studies (e.g. rabbit model)

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